HEALTH HISTORY FORM NORTHWEST OHIO ORTHOPEDICS

DATE:

PATIENT Last Name	First	Age	Height	Weight

MEDICATION LIST	DOSE & FREQUENCY		SURGERIES	YEAR

ALLERGIES (circle yes or no)	
Yes No	Adhesive tape
Yes No	Antibiotics
Yes No	Aspirin
Yes No	Codeine
Yes No	Demerol
Yes No	Foods like shellfish
Yes No	Iodine or Methiolate
Yes No	Latex
Yes No	Morphine
Yes No	Penicillin
Yes No	Sulfa drugs
Other:	

FAMILY HISTORY - HAS ANY BLOOD RELATIVE HAD ANY OF THE FOLLOWING? (circle yes or no and explain)

yes	no	Arthritis	yes	no	Stroke
yes	no	Bleeding problems	yes	no	Mental illness
yes	no	Cancer	yes	no	Stomach problems
yes	no	Convulsion/epilepsy	yes	no	Kidney Problems
yes	no	Diabetes	yes	no	Suicide
yes	no	Gall bladder problem	yes	no	Thyroid
yes	no	High Blood Pressure	yes	no	Tuberculosis
yes	no	Heart Problems	yes	no	Ulcers

PERSONAL HEALTH HISTORY (circle yes or no and explain briefly)

		SKELETAL			***SOCIAL / WORK HISTORY***
yes	no	Osteoporosis	yes	no	Married, single, divorces, widow
yes	no	Rheumatoid arthritis	yes	no	Children
yes	no	Gout	yes	no	Do you live alone?
yes	no	Bone infection	yes	no	Do you exercise?
yes	no	Fracture/broken bones	yes	no	Special diet?
yes	no	History of falls	yes	no	Smoke? Pipe, cigar, chew
yes	no	Muscle problems	yes	no	caffeine
		RESPIRATORY	yes	no	alcohol
yes	no	Asthma or Emphysema	yes	no	Working/occupation?
yes	no	TB - Tuberculosis			***GASTRO-INTESTINAL***
yes	no	Sleep Apnea	yes	no	Diabetes
yes	no	Shortness of Breath	yes	no	Liver disease
yes	no	Chronic Cough	yes	no	Hepatitis/type
yes	no	Sinus Problems	yes	no	Ulcers
yes	no	Blood Clot in lungs	yes	no	Hiatus hernia/GERD/reflux
		CIRCULATORY	yes	no	Swallowing difficulties
yes	no	High Blood Pressure	yes	no	Weight loss/gain
yes	no	Heart Murmur	yes	no	Diarrhea or constipation
yes	no	Mitral Valve Prolapse			***NEUROLOGIC***
yes	no	Heart Attack (MI)	yes	no	Seizure/epilepsy
yes	no	Pacemaker	yes	no	Strokes/Mini Stroke/TIA
yes	no	Angina/Chest Pain	yes	no	Dizziness/lightheadedness
yes	no	Blood Clots or bleeding	yes	no	Numb/tingling hands/feet
		URINARY	yes	no	Nervousness or anxiety
yes	no	Kidney disease/failure	yes	no	Depression
yes	no	Dialysis			***OTHER***
yes	no	Kidney stones	yes	no	Pregnant
yes	no	Bladder/urine infections	yes	no	Cancer
yes	no	Prostate problems	yes	no	MRSA/VRE/HIV